

**BY ORDER OF THE COMMANDER  
2D BOMB WING**

**BARKSDALE AIR FORCE BASE  
INSTRUCTION 41-2**



**8 MAY 2014**

**Health Services**

**PUBLIC ACCESS DEFIBRILLATION (PAD)  
PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction establishes Barksdale Air Force Base's PAD program in accordance with relevant portions of AFI 41-209, *Medical Logistics Support*, 30 June 2006, as well as relevant state and federal law. The program provides for Automated External Defibrillators (AEDs) to be placed in strategic locations on the installation to allow access by trained individuals to use in reviving personnel during certain cardiac crises prior to arrival of medical personnel. It identifies responsibilities, maintenance, quality assurance, and documentation requirements. It applies to all 2d Bomb Wing (2 BW) units and tenant units at BAFB. This instruction applies to the Air National Guard, Air Force Reserve and the Civil Air Patrol. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123 (to be replaced by AFMAN 33-363), and are disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://webrims.amc.af.mil>. Contact supporting records managers as required. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation of Change of Publication*; route AF Form 847s from the field through the appropriate functional chain of command.

**SUMMARY OF CHANGES**

This document is substantially revised and must be completely reviewed. This revision incorporates the revised roles and responsibilities of the Installation Commander, Wing Safety, Medical Director, PAD Program Coordinator, Unit Commanders, PAD Site Coordinators, and Medical Maintenance. The Event Procedures were outlined in more detail. Training and exercise procedures were added. Locations of AEDs are listed in paragraph 5. Paragraph 6 was

added to delineate the purchasing and maintenance of AEDs. Quality assurance was incorporated into 2.3.3. Paragraph 7 regarding the Good Samaritan Act was added. Attachments 1, 3-6 were added.

**1. SCOPE.** Spontaneous Cardiac Arrest (SCA) is the leading cause of death in the United States. SCA causes the victim to lose consciousness, stop breathing and become pulseless. SCA victims need immediate help--waiting for emergency personnel to arrive at the scene can lead to delays in care and reduce the chances for survival. For every minute that passes without use of the AED, a victim's chance of survival decreases 10 percent. The scope of training and use is applicable to all federal employees and active duty personnel at Barksdale AFB.

## **2. RESPONSIBILITIES.**

**2.1. Installation Commander (2 BW/CC):** The Commander of the 2d Bomb Wing has overall responsibility for the PAD program. The 2 BW/CC directs the Commander of the 2d Medical Group to ensure proper medical objectives are maintained for the PAD program.

**2.2. Wing Inspection Team:** Ensures program compliance during inspections and verifies documentation of required facility inspection logs.

**2.3. Medical Group Commander (2 MDG/CC):** Serves as the Director of Base Medical Services (DBMS) and is responsible for implementation of the PAD program. The DBMS will ensure all medical objectives are maintained and that the program is kept up-to-date. The DBMS will provide professional guidance on program administration. The DBMS will appoint in writing a Medical Director or designee for the PAD program.

**2.4. Medical Director:** The Medical Director will be a licensed provider, proficient in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) Emergency Medical Services (EMS) protocols, Basic Life Support (BLS), and the use of AEDs in accordance with Louisiana State law.

2.4.1. The PAD Medical Director is responsible for providing medical oversight of the PAD program and its participants.

2.4.2. The PAD Medical Director will review all event summary sheets (Atch 2) within 5 duty days of AEDs use.

2.4.3. The PAD Medical Director will provide quality assurance oversight to ensure that the necessary equipment was available, that initial defibrillator shocks were delivered when indicated, that adequate BLS measures were maintained, and that the defibrillator was activated safely and correctly.

**2.5. PAD Program Coordinator:** The PAD Program Coordinator, at a minimum, will be a Basic Life Support (BLS) Instructor or BLS Program Director and will oversee all Cardiopulmonary Resuscitation (CPR) training in conjunction with the AED training program.

2.5.1. The PAD Program Coordinator will provide recommendations to and coordinate with Squadron/Unit Commanders, or other supervisory personnel in the selection of individuals to serve as Pad Site Coordinators if assistance is requested.

2.5.2. The PAD Program Coordinator will serve as an advisor to the site coordinators and help

them establish site specific response instructions if requested.

**2.6. Squadron Commanders:** The Commander of an organization that has AEDs or will be purchasing AEDs will appoint, in writing, a PAD Site Coordinator.

2.6.1. Each Commander has authority to fund and implement any number of AEDs for their squadron. The squadrons will also be responsible for funding the purchase of the AEDs and AED supplies. Purchases must be coordinated through Medical Logistics (2 MDSS/SGSM) and as a Medical Account Asset for FDA tracking purposes. The AED will need to be added to the base equipment account.

2.6.2. The Squadron Commander will ensure that all Site Coordinators receive up to date BLS training and remain current in this certification.

**2.7. PAD Site Coordinator:** The PAD Site Coordinators (and alternate) will at a minimum, be trained in BLS and appointed in writing by the Squadron commander or supervisor responsible for the area in which the AED will be located (Atch 3). A copy of the appointment letter will be forwarded to the PAD Program Coordinator and Medical Logistics (2 MDSS/SGSM). Faxed copies are accepted at Commercial 318-456-6030; scanned/e-mailed copies are also acceptable.

2.7.1. Will establish written procedures for site specific AED response. This written procedure may be in the form of a checklist (Atch 4) or a site specific operating instruction. Response instructions should be reviewed by the PAD Program Coordinator or BLS Program Director prior to implementation. The PAD Program Coordinator can provide information on scheduling CPR and AED training, development of response checklists, response plans and exercise oversight upon request.

2.7.2. Will inspect or assign a designee to inspect AEDs located within their area of responsibility and will ensure all required inspections and maintenance actions are accomplished in accordance with the manufacturer's manual. AEDs that are not functioning correctly should be reported to 2 MDG Medical Maintenance at 781-6048. The Site Coordinator should contact the 2d Medical Group Medical Maintenance department (2MDSS/SGSM) for any service issues beyond their expertise.

2.7.3. Once an AED has been used in an emergency situation, the PAD Site Coordinator will immediately collect (from responders) or complete the Event Summary Sheet for the Medical Director and forward it within one duty day for review. The summary sheets may be faxed to 456-5265. The PAD Site Coordinator will turn the AED in to 2 MDG Medical Maintenance 456-6048 for maintenance immediately after the event and if the event occurs after duty hours, AED will be brought in the morning of the next duty day for event download and AED service. A loaner AED may be requested if available, while service is performed.

2.7.4. Will ensure AED supplies are kept stocked and readily available for use. (Atch 5).

2.7.5. The PAD Site Coordinator will maintain a list of certified personnel, if the list is not otherwise maintained within the Squadron.

2.7.6. Conducts and documents quarterly CPR/AED exercise scenarios to include mock response events (Atch 6), ensures staff is trained and knows the location of the AED(s). If additional guidance or training equipment is required, the PAD Site Coordinator can consult the PAD Program Coordinator for information on available resources.

**2.8. Targeted Responders:** Each work center with an AED will have responders for emergency

situations. Those individuals identified as Targeted Responders will, at a minimum be trained in adult BLS through a nationally recognized organization. Current life support courses include BLS and heart saver AED training. Current BLS courses include CPR and AED training.

**2.9. Medical Maintenance:** 2 MDSS/SGSM, 781-6048 will serve as the point of contact for PAD Site Coordinators and the manufacturer representatives for problems with AEDs.

2.9.1. Will be responsible for annual inspections as well as any maintenance beyond the site coordinator's ability to accomplish using the manufacturer issued owner's manual.

2.9.2. Will help PAD Site Coordinators with supply part numbers for re-ordering and purchase information for additional AEDs.

2.9.3. Will notify any affected area of a device recall, alert or required software upgrades and take appropriate corrective action.

2.9.4. Can provide AED loaners if available. If an AED is brought in for service, and the service will take over one hour, the unit may ask for a loaner AED. AED loaners are not for long term loan over 30 days.

### **3. EVENT PROCEDURES.**

3.1. Responders should arrive with the AED to an emergency call as quickly as possible (optimally within 3 minutes) and start or help with CPR. Use of the local section specific response checklist is highly encouraged (Atch 4).

3.2. The responding individual(s) will complete an event summary sheet (Atch 2) when an AED is used on a victim. They will also notify the PAD Site Coordinator that an event has occurred. The event summary form will be given to the PAD Site Coordinator to be forwarded to the Medical Director or designee within one duty day of the event.

3.3. Use Summary Sheet: A 2 BW PAD Use Summary Sheet will be completed by the individual(s) using an AED on a victim and forwarded to the Medical Director or designee within one duty day of AED use.

**4. TRAINING AND EXERCISE PROCEDURES.** The PAD Site Coordinator will coordinate with work center supervisors to ensure that a sufficient number of individuals are selected and trained per shift so a responder is readily available at the AED location. This includes vehicles operating on the flight equipped with an AED.

### **5. AED LOCATIONS.**

5.1. AEDs should be strategically placed throughout a facility to reduce time between victim collapse and ability to provide initial shock. Factors to consider in determining AED placement include the following:

5.1.1. Facility size and or accessibility.

5.1.2. Number of employees in the facility.

5.1.3. Identified high risk environments.

5.1.4. Average age of the facility occupants; older populations are at higher risk.

5.1.5. Security levels that may hinder access to the facility by emergency response crews.

5.1.6. Use of high voltage equipment.

5.2. AED accessory kits should be with the AED so that the responder will not lose time deciding what to take to the emergency. Recommended accessories for use with the AED are listed on Atch 5.

5.3. AEDs carried in vehicles should be removed from the vehicle when the vehicle is not in use. AED battery life is highly affected by cold and hot weather and may reduce the ability of the unit to deliver a shock when needed. Units should follow manufacturer's instructions on storage.

5.4. At a minimum, AEDs will be placed in the locations listed below. Other locations may have AEDs on site. A complete list of AED locations can be obtained from Medical Maintenance at DSN 781-6048 or 318-456-6048.

|                |                          |                     |
|----------------|--------------------------|---------------------|
| AAFES BX       | MPF                      | Fire Dept           |
| Barksdale Club | 49 <sup>th</sup> Test Sq | 307 HQ              |
| Stripes Club   | 93 BS                    | 307 MXS (Munitions) |
| Commissary     | 307 RHS                  | 307 OSF             |
| Fitness Center | 307 MXG                  | 2 SFS               |
| 2 AMXS         | 307 MXS (AGE)            | 47 FS               |
| 2 MXG          | Satellite Pharmacy       | 307 MDS             |
| A-10 Hanger    | B-52 Hanger              | BMET spare          |
| 307 OSTA       |                          |                     |

## 6. PURCHASE AND MAINTENANCE OF AEDs.

6.1. PAD Site Coordinators will contact their unit supply custodian when replacement of required supplies are needed (Atch 5).

6.1.1. AED supplies and/or new or replacement AEDs may be ordered through Medical Logistics (2 MDSS/SGSM at 781-6026) with a medical account created and funded by the respective unit.

6.1.2. If procured by the using activity using GPC, the accountable base medical logistics supply officer must approve the purchase IAW AFI 64-117, paragraph 2.2.3.

6.2. Procurement of all AEDs must be coordinated with the Medical Logistics and Medical Group Resource Advisor (2 MDSS/SGSM) to ensure the AED is purchased correctly.

6.2.1. AED training units (not actual functioning AEDs) may be purchased directly through base supply or purchased via GPC.

6.2.2. Only AEDs approved for use by the Medical Director and Medical Maintenance will be purchased.

6.2.3. All AEDs will be placed on a DMLSS account and also will need to be on the base equipment listing.

6.3. Regular inspections will be performed by the PAD Site Coordinator or designee. The AED Operational Checklist (Atch 7) will be used to perform daily and monthly checks.

6.4. PAD Site Coordinators will notify Medical Maintenance at 781-6048 with any change of location of the unit or problems with the unit (RED status indicator).

6.5. Medical Maintenance will make a site visit to each AED at least annually and will perform preventive maintenance, repair and software upgrades as required.

**7. GOOD SAMARITAN ACT.** To the maximum extent permitted by the Laws of Louisiana and the Good Samaritan Act, employees may not be held liable for following the guidance and procedures outlined within this instruction in rendering emergency aid or for the use of automated defibrillators.

ANDREW J. GEBARA, Colonel, USAF  
Commander

**Attachment 1*****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION******REFERENCES:***

Public Health Improvement Act: Title IV Cardiac Arrest Survival Act of 2000, 42 United States Code (USC)

Guidelines for Public Access Defibrillation (PAD) Programs in Federal Facilities, Federal Register: May 23, 2001:

**AFI 44-102**, *Medical Care Management*, 20 January 2012

**AFI 41-209**, *Medical Logistics Support*, 13 August 2013

**AF 847**, *Recommendation of Change of Publication*

***Abbreviations and Acronyms:***

**AED**—Automated External Defibrillator

**PAD**—Public Access Defibrillator

**FDA**—Food and Drug Administration

**CPR**—Cardiopulmonary Resuscitation

**BLS**—Basic Life Support

**DMLSS**—Defense Medical Logistics Standard Support

***Terms:***

**Automated External Defibrillator (AED)**— A machine that can detect cardiac arrest and automatically deliver an electric shock to restart the heart.

**Basic Life Support (BLS)**— Includes Heartsaver AED CPR and Healthcare Provider CPR.

**Cardiopulmonary Resuscitation (CPR)**— CPR is a method of resuscitation that involves chest compressions and breathing for the victim.

**Defense Medical Logistics Standard Support (DMLSS)**— System used by Medical Logistics to order medical equipment and supplies and track inventory for medical equipment.

**Food and Drug Administration (FDA)**— This government department tracks defibrillators as critical life saving devices.

**Public Access Defibrillator (PAD) Program**— The PAD program is intended to provide general instruction on proper use of the AED prior to advanced medical care arriving at the scene.

## Attachment 2

## 2 BW PAD USE SUMMARY SHEET

Location of event:

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Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

PAD Medical Director: 2 MDG/SGH – Chief, Medical Staff (456-6359)

PAD Program Coordinator: 2 MDG/SGNE – NCOIC Education and Training (456-6009)

PAD Medical Maintenance: 2 MDSS/SGSM – Maintenance Technician (456-6048)

Victim's name:

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Male or Female (circle one) Age: \_\_\_\_\_ Assigned Unit: \_\_\_\_\_

Was the event witnessed or non-witnessed? **Witnessed/Non-Witnessed**

Name of trained rescuer(s):

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PAD location internal response plan activated? **YES/NO**

Was 9-1-1 called? **YES/NO**

Was the victim breathing when the AED arrived? **YES/NO**

Was CPR given before the AED arrived? **YES/NO**

Did the victim...

Regain signs of movement/circulation? **YES/NO** Resume breathing? **YES/NO**

Regain consciousness? **YES/NO**

Were there problems transferring patient care to the emergency medical team (EMS/ambulance)?  
**YES/NO**

Comments: (Use other side of form if more room needed)

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Any problems encountered? (Use other side of form if more room needed)

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Printed name of person completing form

Daytime Phone

Nighttime Phone

**FAX PRINTED SHEET TO 2 MDG/PAD PROGRAM COORDINATOR AT  
(318) 456-5265 within 1 duty day. Turn AED unit in to Medical Maintenance for  
maintenance within 2 duty days.**

**For MDG use only:**

Summary Form received on \_\_\_\_\_ Reviewed by \_\_\_\_\_

AED received on \_\_\_\_\_ Serviced by \_\_\_\_\_

Form presented to ECOMS on \_\_\_\_\_ Comments? \_\_\_\_\_

## Attachment 3

## QUICK RESPONSE CHECKLIST

## SAMPLE

| #   | REQUIREMENT   | Completed |
|-----|---|-----------|
| 1   | Check for response (make mental note of time for event report). Ensure victim is unconscious and not breathing.   |           |
| 2   | Tell someone to phone emergency response (911) and get an AED. (If alone and a phone/AED are nearby – call first and get the AED) For adults – <b>as soon as AED is available it should be applied to unconscious victim.</b> |           |
| 3   | If victim isn't breathing or only gasping give CPR.   |           |
| 4   | Bare victim's chest and locate CPR hand position (middle finger lined up with nipple).  |           |
| 5   | Begin CPR. Deliver first cycle of 30 compressions at a rate of 100 compressions per minute (ensure full chest recoil).  |           |
| 6   | Open the airway and give 2 breaths for 1 second each. Look for chest rise.  |           |
| 7   | Continue delivering cycles of 30 compressions and 2 breaths until the AED is available.   |           |
|     | <b>ONCE AED IS AVAILABLE</b>  |           |
| 8   | Open AED cover.   |           |
| 9   | Tear open package and follow voice prompts to place pads on chest.  |           |
| 10  | Once AED senses that pads are in place it will begin to analyze victim. Follow voice prompts and do NOT touch the victim. If shock advised, follow prompts.   |           |
| 11  | Stay away from victim - verbally and visually ensure everyone else is clear before pressing the shock button.   |           |
| 12  | Continue the steps of CPR until the AED starts to analyze again (approximately 2 minutes).  |           |
| 13a | If shock advised, follow the prompts and ensure everyone is clear before pressing the shock button.   |           |
| 13b | If no shock is advised, follow the prompts and continue CPR unless signs of movement are noted.   |           |
|     | <b>Continue CPR and use of AED until advanced care arrives (first responders or ambulance).</b>   |           |
|     | <b>Prepare event summary sheet. Turn sheet and unit into the Med Group within 1 duty day of event.</b>  |           |
|     |   |           |

**Attachment 4****SUPPLIES TO BE KEPT WITH THE AED**

1. The following supplies are **required** to be kept with or near the AED for use during an emergency event.
  - 1.1. One Adult CPR face mask with one way valve, face shield or other barrier device.
  - 1.2. One pair non-latex protective gloves.
  - 1.3. One disposable razor used to shave a victim's chest hair (if required).
  - 1.4. One bandage/clothing scissors for removal of clothing.
  - 1.5. Copy of the Event Summary Sheet (attachment 4), a pad of paper and pen or pencil.
  - 1.6. An additional set of adult electrode pads for use with the AED.
2. Other items that are **not required** may be with or near the AED as follows:
  - 2.1. Absorbent towel or other absorbent material for drying wet areas of the victim's skin.
  - 2.2. Antiseptic or antimicrobial wipes/towelettes for wiping electrode placement areas (if necessary).
  - 2.3. Goggles or eye splash guard.
  - 2.4. Extra non-latex protective gloves.
  - 2.5. Biohazard bag for blood or body fluid soaked material.
  - 2.6. A set of pediatric electrode pads and a pediatric face mask/face shield.
  - 2.7. Quick response checklist (attachment 3).
  - 2.8. Replacement battery and pad kit.
3. The AED Check card should be attached to the AED and documented monthly that the unit and supplies were checked. If your check card becomes full, please call Medical Maintenance at 781-6048 for a new card. The used card must be turned in to Medical Maintenance to be added to the equipment record.

**Attachment 5****LOUISIANA GOOD SAMARITAN ACT****LSA-R.S. 37:1731.****Gratuitous service at scene of emergency; limitation on liability**

A. No physician or surgeon licensed under the provisions of Chapter 15 of this Title, or nurses licensed under the provisions of Chapter 11 of this Title who in good faith gratuitously renders emergency care or services at the scene of an emergency, except in a public or private hospital of this state, to a person or persons in need thereof shall be liable for any civil damages as a result of any act or omission by such person in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the said emergency.

B. Any physician, surgeon, or member of the medical profession who is not licensed to practice medicine in Louisiana but who holds a valid license to practice medicine in any other state of the United States who gratuitously renders care or services at the scene of an emergency as herein provided shall not be charged with violation of the Louisiana Medical Practice Act.

C. No veterinarian licensed under the provisions of Chapter 18 of this Title, who in good faith gratuitously renders emergency care or services or assistance at the scene of an emergency to an animal or animals in need thereof, shall be liable for any civil damages as a result of any act or omission by such person in rendering the care or services or assistance, or as a result of any act or failure to act to provide or arrange for further veterinary medical treatment or care for the animal involved in the said emergency.

D. No dentist licensed under the provisions of Chapter 9 of this Title, who in good faith gratuitously renders emergency care or services at the scene of an emergency, except in a licensed dentist office or public or private hospital, to a person or persons in need thereof shall be liable for any civil damages as a result of any act or omission by such person in rendering the care or services or as a result of any act or failure to act to provide or arrange for further dental care or treatment or care for the person involved in the emergency.

E. (1) No emergency medical technician who in good faith gratuitously renders emergency care or services at the scene of an emergency to a person or persons in need thereof shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the emergency. (2) For purposes of this Section, "emergency medical technician" means a certified first responder as defined in R.S. 40:1231(10) and a certified emergency medical technician as defined in R.S. 40:1231(3), (4), or (5).

**(1988)**

**Attachment 6**

**HOUSE BILL NO. 67 ACT NO 459**

**LIABILITY/CIVIL:** Limits civil liability for persons using automated external defibrillators.

**Abstract:** Limits the civil liability of a person using an automated external defibrillator at the scene of an emergency. Present law provides that no person who in good faith gratuitously renders emergency care, first aid, or rescue at the scene of an emergency, or moves a person receiving such care, first aid, or rescue to a hospital or other place of medical care shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved...